

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

COPY

Posted: lod

Dept: S.A.

Date: 11/12/08

Time: 12:35

DOCKET

NUMBER: 2008-422-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Stephanie Ostrander

Telephone: 843 264 2911

Address: 238 Dawhoo Lake Rd
Georgetown SC 29440

Fax: 843 264 2604

Other: _____

Email: parabasic@hughes.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application -- Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application -- Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application -- Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application -- Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application -- Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application -- Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED

NOV 10 2008

PSC SC
DOCKETING DEPT:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

ATTN: DOCKETING DEPARTMENT

101 EXECUTIVE CENTER DRIVE

COLUMBIA, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

(Office # 803-896-5100)

(Fax # - 803-896-5199)

CLASS C - NON-EMERGENCY

DATE 10-30, 2008APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)


ParaBasic, Inc.

2. (a) Street Address of Applicant 238 Dawhoo Lake Rd

Georgetown SC 29440

- (b) Mailing address, if different from street address _____

Same

- (c) Telephone Number 843 264 2911 

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

S-Corporation

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

RECEIVED

NOV 10 2008

PSC SC
DOCKETING DEPT.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: 11 Year: 2008

Assets:	
Cash	0
Receivables	0
Real Estate	0
Buildings and Equipment-Net	30,000.00
Motor Vehicles-Net	10,000.00
Garage Equipment-Net	0
Machinery and Tools-Net	0
Supplies on Hand	0
Prepays and Other Assets	
Total Assets	40,000.00
Liabilities and Equity:	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	0
Capital Stock	0
Retained Earnings	0
Total Equity	0
Total Liabilities and Equity	40,000.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Georgetown

I, Stephanie Ostrander, Owner
 (Name of Applicant's Representative) (Title)

of ParaBasic, Inc., the Applicant for the Certificate of Public (Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Georgetown County

This the 4th day of November 20 08

Rebecca H. Swearing
 (Notary Public)

Stephanie Ostrander
 (Signature of Applicant's Representative)

Commission Expires: 10/15/2015

The State of South Carolina



Office of Secretary of State Mark Hammond Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

PARABASIC INC.,

a corporation duly organized under the laws of the State of South Carolina on June 7th, 2004, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of
the State of South Carolina this 7th day of
June, 2004.

Mark Hammond

Mark Hammond, Secretary of State

Note: If a certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual report with the Tax Commission, it is reporting to show whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.

STATEMENT OF INCORPORATOR IN LIEU OF ORGANIZATION MEETING
OF

Parabasic Inc.

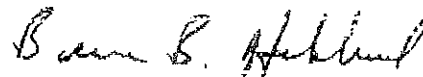
The certificate of incorporation of the above-named corporation having been filed in the Office of the Secretary of State of the State of South Carolina, the undersigned, being the incorporator named in said certificate, does hereby state that the following actions were taken on this day for the purpose of organizing this corporation:

1. By-Laws for the regulation of the affairs of the corporation were adopted by the undersigned incorporator and were ordered inserted in the minute book immediately following the copy of the certificate of incorporation and before this instrument.
2. The undersigned hereby resigns as incorporator of the corporation as of the date set forth below.

The following are hereby elected as the director(s) of the corporation to hold office until the first annual meeting of the corporation or until their successors are elected and qualified:

Stephanie Ostrander/Michael Ostrander

Dated: Upon Filing Date



Bruce B. Hubbard
President, Hubbard Inc. DBA Hubco Incorporation Services

JUN 07 2004

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
MARK HAMMOND

FILED

JUN 07 2004

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF INCORPORATION

Mark Hammond
SECRETARY OF STATE

If possible, please print in black ink or type.

1. The name of the proposed corporation is: Parabasic Inc.
2. The initial registered office of the corporation is: 238 Dawson Lk Road
(Street & Number)

<u>Georgetown</u>	<u>Georgetown</u>	<u>SC</u>	<u>29440</u>
City	County	State	Zip Code

and the initial registered agent at such address is:

Stephanie Ostrander

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:

- a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 1,000 @ No Par Value
- b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares	Authorized no. of Each Class
_____	_____
_____	_____
_____	_____

The relative rights, preferences, and limitations of the shares of each class, and of each series within a class, are as follows:

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See §33-1-230(b)):
Upon Filing
5. The optional provisions which the corporation elects to include in the articles of incorporation are as follows (see § 33-2-102 and the applicable comments thereto; and § 35-2-105, and 35-2-221 of the 1976 Code):
6. The name, address and signature of each incorporator is as follows (only one is required):
- | Name | Address | Signature |
|--|---------|--------------------|
| <u>Bruce B. Hubbard, 77 East John Street, Hicksville New York 11801</u>
<u>President, Hubbard Inc, DBA Hubco Incorporation Services</u> | | <u>[Signature]</u> |

I, Jay G. Anderson, an attorney licensed to practice in the State of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code, as amended, relating to the articles of incorporation.

Date June 7, 2004

Signature Jay G. Anderson

Jay G. Anderson

Name (type or print)

2833 Devine Street, Suite 103,
Columbia, SC 29205

Address



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
INITIAL ANNUAL REPORT OF CORPORATIONS

CL-1
(REV. 8/96)
3134

File Number _____

Ending Period _____

SID number _____

NAME OF CORPORATION

Parabasic Inc.

ADDRESS OF CORPORATION (NUMBER AND STREET)

238 Dawhoo Lk Road

CITY AND STATE
Georgetown, SC

ZIP
29440

COUNTY
Georgetown

Date "Application for Charter" filed with Secretary of State _____

For Secretary of State Only

Date of "Request for authority to do business in this state" (Foreign Corp.) _____

IRS Employer Identification Number _____

Business Code _____

(Office Use Only)

1. State of incorporation: South Carolina

2. Nature of principal business in South Carolina: Medical Transport

3. Location of registered office of the corporation in the State of South Carolina is 238 Dawhoo Lk Rd.
in the city of Georgetown, Registered agent at such address is: Stephanie Ostrander

4. Location of principal office in South Carolina (street, city and county):

238 Dawhoo Lk Road, Georgetown, SC 29440

5. Date business commenced in South Carolina: Upon Filing Telephone 843-264-2605

6. Indicate date corporation closes its books: December 31st

7. If a professional corporation, are all shareholders, one-half of the directors (or individuals functioning as directors) and all officers (other than the secretary and treasurer) qualified to practice the professional services engaged in by the corporation?

8. The names and business address of the directors (or individuals functioning as directors) and principal officers in the corporation are:

SSN

Name/Title

Business Address and Office

Michael Ostrander/Operations Mgr.
Stephanie Ostrander/Owner

238 Dawhoo Lk Rd, Georgetown, SC 29440
238 Dawhoo Lk Rd, Georgetown, SC 29440

The total number of **authorized** shares of capital stock itemized by class and series, if any, within each class is as follows:

Number of Shares 1,000

Class Common NPV Series

9. The total number of **issued** and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:

Number of Shares

Class

Series

Corporation is not subject to taxes in South Carolina and has registered to comply with the provisions of SC Code Section 12-9-310; attach justification.

Fee due with this report.....

>1. 25.00

Interest due.....

>2. _____

Penalty due.....

>3. _____

Total - Fee, Interest and Penalty

(Make remittance payable to SC Department of Revenue).....>4. \$ _____

AFFIDAVIT

I, the undersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, including accompanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and complete return made in good faith.

Bruce B. Hubbard

President, Hubbard Inc. DBA Hubco Incorporation Services

THIS RETURN PREPARED BY

June 3, 2004

DATE

SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN

Incorporator

EXHIBIT C

NON EMERGENCY

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant ParaBasic, Inc.

For the transportation of passengers as follows:

Area to be served: Georgetown, Horry, Berkeley,
Williamsburg & Charleston Counties

Number of passengers: Four per vehicle

Fares: Medicaid & Broker Rates

Date 10-30-08

Stephanie W. Stander
By

Owner
Title

Rev. 8/00

EXHIBIT D

STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION

DESCRIPTION OF EQUIPMENT

VEHICLE NUMBER	MAKE	MODEL & YEAR	SERIAL #	WEIGHT EMPTY	CARRYING CAPACITY *
1FTJS34F9VHA75318		1997 Ford		7200	2 wheelchair & 2 ambulatory passengers
1FTJS34F0VHA75322		1997 Ford		7200	2 wheelchair & 2 ambulatory passengers

* Seats if passenger carrier or tonnage if freight carrier.

* Designate if equipped with wheelchair lift

Parabasic, Inc.

(Applicant)

Date: 10-30-08

Stephanie Strand

(Applicant's Representative)

owner

(Title)

10/30/2009 11:16

8432542684

PARABASIC AMBULANCE

PAGE 01

INSURANCE QUOTE

The following insurance quote is for:

Empire Fire & Marine

(Name of Motor Carrier)

Omaha NE

(Address of Motor Carrier)

*Note: Bodily injury and property damage limits will not be less than the following:

- a. Liability Combined Each Occurrence \$1,000,000
b. Medical Payments/Each Person \$1,000

Amount of Premium:Liability Insurance 13,000The above quoted premiums are for a term of 12 months.Empire Fire & Marine

(Insurance Company Name)

13810 FNB Pkwy, Omaha NE 68154

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10/30/08
DateLinda Serrano

(Authorized Insurance Company Representative)

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Filed with SC Dept of Public Safety (hereinafter called Commission)
(Name of Commission)

This is to certify, that the Empire Fire and Marine Insurance Company
(Name of Company)

(hereinafter called Company) of 13810 FNB Parkway, Omaha NE 68154-5202 (402) 963-5000
(Home Office Address of Company)

has issued to Parabasic of 238 Dawhoo Lk Rd; Georgetown, SC 29440
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 01/13/2008 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 13810 FNB Parkway Omaha NE 68154
(Street Address) (City) (State) (Zip Code)

this 14th day of January 20 08

Insurance Company File No. CL 314087
(Policy Number)


(Authorized Company Representative)

This policy is primary insurance with limits of \$1,000,000 for each accident

*Filed to
ORS
803-737-0815
11-3-08*

Jan. 14. 2008 12:51PM

No. 8848 P. 2

FORM F
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY
INSURANCE ENDORSEMENT

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide Insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the Insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commissions indicated on the reverse side hereof.
3. This endorsement may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days' notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days' notice to commence to run from the date the notice is actually received in the office of such Commission.

Attached to and forming part of policy No. CL 314087Issued by Empire Fire and Marine Insurance Co, herein calledCompany of 13810 FNB Parkway, Omaha NE 68154-5202 (402) 963-5000To Parabasic Inc of 238 Dawhoo Lk Rd; Georgetown, SC 29440Dated at SC this 14th day of January 20 08

Countersigned by



Authorized Representative

X = INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE HAS BEEN FILED

ALABAMA	ILLINOIS	MONTANA	RHODE ISLAND
ALASKA	INDIANA	NEBRASKA	SOUTH CAROLINA
ARIZONA	IOWA	NEVADA	SOUTH DAKOTA
ARKANSAS	KANSAS	NEW HAMPSHIRE	TENNESSEE
CALIFORNIA	KENTUCKY	NEW JERSEY	TEXAS
COLORADO	LOUISIANA	NEW MEXICO	UTAH
CONNECTICUT	MAINE	NEW YORK	VERMONT
DELAWARE	MARYLAND	NORTH CAROLINA	VIRGINIA
DIST. OF COLUMBIA	MASSACHUSETTS	NORTH DAKOTA	WASHINGTON
FLORIDA	MICHIGAN	OHIO	WEST VIRGINIA
GEORGIA	MINNESOTA	OKLAHOMA	WISCONSIN
HAWAII	MISSISSIPPI	OREGON	WYOMING
IDAHO	MISSOURI	PENNSYLVANIA	

SOUTHCAROLINA INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER

COMPANY

Thompson Ins Enterprises Inc

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

CL314087

01/13/2008

01/13/2009

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

1997

Ford/E350

1FTJS34F0VHA75322

AGENCY/COMPANY ISSUING CARD

Correll Insurance Group-Gaffney

103 N Johnson St (864)489-5788

PO Box 1387

Gaffney, SC 29342

INSURED

☐ **ParaBasic, Inc.**

238 Dawhoo Lake Rd

Georgetown, SC 29440

Coverage meets SC minimum
financial responsibility
requirements

SEE IMPORTANT NOTICE ON REVERSE SIDE

SOUTHCAROLINA INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER

COMPANY

Thompson Ins Enterprises Inc

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

CL314087

01/13/2008

01/13/2009

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

1997

Ford/E350

1FTJS34F9VHA75318

AGENCY/COMPANY ISSUING CARD

Correll Insurance Group-Gaffney

103 N Johnson St (864)489-5788

PO Box 1387

Gaffney, SC 29342

INSURED

☐ **ParaBasic, Inc.**

238 Dawhoo Lake Rd

Georgetown, SC 29440

Coverage meets SC minimum
financial responsibility
requirements

SEE IMPORTANT NOTICE ON REVERSE SIDE

EXHIBIT FWA

Name: ParaBasic, Inc.

Address: 238 Dawhoo Lake Rd, Georgetown SC 29440

Telephone No. 843 264 2911 Fax No. _____

U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ✓ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ✓

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No ✓
(If "yes", indicate nature of judgement(s).

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ✓ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Stephanie Votlander
(Applicant's Signature)

Sworn to before me

At Georgetown County

This 4th day of November 2008

Rebecca H. Seung
(Notary Public)

Commission Expires: 10/15/2015

APPLICANT'S OATH

I, Stephanie Ostrander, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

Stephanie Ostrander
(Applicant's Signature)

At Georgetown County ^{Sworn to before me}

This 4~~th~~ day of November, 2008

Rebecca H. Swergart

(Notary Public)

Commission Expires: 10/15/2015